

State of Hawaii – Insurance Division

NOTICE OF APPOINTMENT OF A PRODUCER BY MANAGING GENERAL AGENT

APPOINTER (Managing General Agent) Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number ¹ :	Vendor ID Number ¹ :
APPOINTEE (Producer) Full and exact name as shown on License:		
Trade Name (dba) if applicable:		
	License Number ¹ :	Vendor ID Number ¹ :

TO THE INSURANCE COMMISSIONER OF THE STATE OF HAWAII:

That pursuant to the laws of the State of Hawaii, the above-named Appointer does hereby appoint, pursuant to Hawaii Revised Statutes §431:9A-114, the above-named Appointee.

Select class(es) of insurance:		
<input type="checkbox"/> Life (includes Variable Annuities if both appointer and appointee are licensed for Variable Annuities)	<input type="checkbox"/> Casualty <input type="checkbox"/> Marine <input type="checkbox"/> Property	<input type="checkbox"/> Title Other (please specify): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> Accident and Health or Sickness	<input type="checkbox"/> Surety <input type="checkbox"/> Vehicle	

This appointment will be in force until either party terminates the appointment in compliance with Hawaii Revised Statutes §431:9A-115.

Signature of Appointer or agency's designated representative ¹	Print name of signer	Date signed
Signature of Appointee or agency's designated representative ¹	Print name of signer	Date signed

¹You can look up this information on our website, <http://www.ehawaii.gov.org/serv/hils>.

Submit two (2) of these forms with original signatures. Incomplete forms will be rejected.

HAWAII INSURANCE DIVISION, ATTN: Licensing Branch, P. O. Box 3614, Honolulu HI 96811-3614
 (Express mail only: 335 Merchant Street – Room 213, Honolulu HI 96813)

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